

IN THE _____ COURT OF _____ COUNTY TENNESSEE

_____)	
_____)	
Mother/Father)	
)	Docket No. _____
v.)	
)	<input type="checkbox"/> Proposed Plan by <input type="checkbox"/> Mother <input type="checkbox"/> Father
_____)	OR
Father/Mother)	<input type="checkbox"/> Agreed Plan

TEMPORARY PARENTING PLAN

This plan was ☐ presented to ☐ ordered by the Court on _____, 20____.

This parenting plan applies to the following children:

Name	Birthdate
_____	_____
_____	_____
_____	_____
_____	_____

RESIDENTIAL SHARING SCHEDULE: The ☐ mother ☐ father shall be responsible for the child(ren), except for the following days and times when the other parent shall be responsible for the child(ren):

From: _____ to _____
(Day/Time) (Day/Time)

☐ every week ☐ every other week ☐ other _____

and from: _____ to _____
(Day/Time) (Day/Time)

☐ every week ☐ every other week ☐ other: _____

DAY TO DAY DECISIONS: Each parent shall make decisions regarding the day-to-day care and control of each child while the child is residing with that parent. The parents shall otherwise confer

with each other.

HOLIDAY and VACATION SCHEDULE DURING THE NEXT THREE MONTHS

TRANSPORTATION ARRANGEMENTS: Transportation arrangements for the child[ren], other than costs, between parents shall be as follows:

STANDARD PARENTING ORDERS: Pursuant to *Tennessee Code Annotated*, section 36-6-101(a) both parents are entitled to the following rights:

1. To unimpeded telephone conversations with the child at least twice each week at reasonable times and for a reasonable duration;
2. To send mail to the child which the other parent shall not open and will not censor;
3. To receive notice and relevant information as soon as practical (but within 24 hours) in the event of hospitalization, major illness, or death of the child;
4. To receive directly from the school, upon written request, which includes a current mailing address and upon payment of reasonable costs of duplicating, copies of the child's report cards, attendance records, names of teachers, class schedules, standardized test scores, and any other records customarily made available to parents;
5. Unless otherwise provided by law, the right to receive copies of the child's medical, health or other treatment records directly from the physician or health care provider who provided such treatment or health care upon written request which contains a current mailing address and upon payment of reasonable costs of duplication; provided, that no person who receives the mailing address of a parent as a result of this requirement shall provide such address to the other parent or a third person;
6. To be free of derogatory remarks made about such parent or such parent's family by the other

parent to or in the presence of the child;

7. To be given at least forty-eight (48) hours notice, whenever possible, of all extra curricular activities, and the opportunity to participate or observe, including, but not limited to, the following:
 - (I) School activities;
 - (ii) Athletic activities;
 - (iii) Church activities; and
 - (iv) Other activities as to which parental participation or observation would be appropriate;
8. To receive from the other parent, in the event the other parent leaves the state with the minor child or children for more than two (2) days, an itinerary including telephone numbers for use in the event of an emergency; and
9. Access and participation in education, including the right of access to the minor child or children for lunch and other activities, on the same basis that is provided to all parents, provided the participation or access is reasonable and does not interfere with day-to-day operations or with the child's educational performance.

SUPPORT OF CHILDREN: The ☐ mother ☐ father will pay child support, in accordance with the Tennessee Child Support Guidelines, in the amount of \$_____ per

☐ week ☐ month ☐ twice per month ☐ every two weeks

☐ plus \$_____ as 5% clerks fee

for a total amount of \$_____, beginning _____ day of _____, 20____. This support shall be paid

☐ directly to the other parent.

☐ to the Central Child Support Receipting Unit, P.O. Box 305200, Nashville, Tenn. 37229 and sent to the other parent at:

☐ Direct Deposit to other parent at _____ Bank.

☐ wage assignment (see attached order).

HEALTH, DENTAL AND LIFE INSURANCE and UNCOVERED EXPENSES: These policies shall remain in effect during the duration of the divorce proceedings. The beneficiaries shall name the spouse and or child[ren] as beneficiaries of the policies. All uncovered medical, dental and _____ costs will be split between the parties.

MISCELLANEOUS: If a parent fails to comply with a provision of this plan or support order, the other parent's obligations under the plan or the support order are not affected. Failure to comply with a provision in the plan or support order may result in a finding of contempt.

* * * * *

Under penalty of perjury under the laws of the State of Tennessee, I declare this plan has been proposed in good faith and is in the best interest of the child(ren) and that the statements herein are true and correct.

☐ Submitted by:

OR

☐ Agreed to by:

☐ Mother ☐ Mother's Attorney

Date and Place of Signature

☐ Father ☐ Father's Attorney

Date and Place of Signature